

109TH CONGRESS  
2D SESSION

# S. 3537

To amend the Public Health Service Act to establish a national center for public mental health emergency preparedness, and for other purposes.

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IN THE SENATE OF THE UNITED STATES

JUNE 20, 2006

Mrs. CLINTON introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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## A BILL

To amend the Public Health Service Act to establish a national center for public mental health emergency preparedness, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Public Mental Health  
5 Emergency Preparedness Act of 2006”.

6 **SEC. 2. NATIONAL CENTER FOR PUBLIC MENTAL HEALTH**  
7 **EMERGENCY PREPAREDNESS.**

8 Title XXVIII of the Public Health Service Act (42  
9 U.S.C. 300hh–11 et seq.) is amended by adding at the  
10 end the following:

1 **“Subtitle C—National Center for**  
 2 **Public Mental Health Emer-**  
 3 **gency Preparedness**

4 **“SEC. 2821. NATIONAL CENTER FOR PUBLIC MENTAL**  
 5 **HEALTH EMERGENCY PREPAREDNESS.**

6 “(a) IN GENERAL.—

7 “(1) DEFINITION.—For purposes of this sub-  
 8 title, the term ‘emergency health professionals’  
 9 means—

10 “(A) mental health professionals, including  
 11 psychiatrists, psychologists, social workers,  
 12 counselors, psychiatric nurses, psychiatric aides  
 13 and case managers, and group home staff;

14 “(B) public health and healthcare profes-  
 15 sionals, including skilled nursing and assisted  
 16 living professionals;

17 “(C) emergency services personnel such as  
 18 police, fire, and emergency medical services per-  
 19 sonnel;

20 “(D) county emergency managers;

21 “(E) school personnel such as teachers,  
 22 counselors, and other personnel;

23 “(F) spiritual care professionals;

24 “(G) other disaster relief personnel; and

1           “(H) State and local government officials  
2           that are responsible for emergency prepared-  
3           ness.

4           “(2) ESTABLISHMENT.—The Secretary, in con-  
5           sultation with the Director of the Centers for Dis-  
6           ease Control and Prevention, shall establish the Na-  
7           tional Center for Public Mental Health Emergency  
8           Preparedness (referred to in this subtitle as the  
9           ‘NCPMHEP’) to address mental health concerns  
10          and coordinate and implement the development and  
11          delivery of mental health services in conjunction with  
12          the entities described in subsection (b)(2), in the  
13          event of bioterrorism or other public health emer-  
14          gency.

15          “(3) LOCATION; DIRECTOR.—

16                 “(A) IN GENERAL.—The Secretary shall  
17                 offer to enter into a contract with an eligible in-  
18                 stitution to provide the location of the  
19                 NCPMHEP.

20                 “(B) ELIGIBLE INSTITUTION.—To be an  
21                 eligible institution under subparagraph (A), an  
22                 institution shall—

23                         “(i) be an academic medical center or  
24                         similar institution that has prior experi-  
25                         ence conducting statewide trainings, and

1 has a demonstrated record of leadership in  
2 national and international forums, in pub-  
3 lic mental health emergency preparedness,  
4 which may include disaster mental health  
5 preparedness; and

6 “(ii) submit to the Secretary an appli-  
7 cation at such time, in such manner, and  
8 containing such information as the Sec-  
9 retary may require.

10 “(C) DIRECTOR.—The NCPMHEP shall  
11 be headed by a Director, who shall be appointed  
12 by the Secretary (referred to in this subtitle as  
13 the ‘Director’) from the eligible institution with  
14 which the Secretary contracts under subpara-  
15 graph (A).

16 “(b) DUTIES.—The NCPMHEP shall—

17 “(1) prepare the Nation’s emergency health  
18 professionals to provide mental health services in the  
19 aftermath of catastrophic events, such as bioter-  
20 rorism or other public health emergencies, that  
21 present psychological consequences for communities  
22 and individuals, particularly vulnerable populations  
23 such as older Americans, children, and persons with  
24 disabilities; and

1 “(2) coordinate with existing mental health pre-  
2 paredness and service delivery efforts of—

3 “(A) Federal agencies (such as the Na-  
4 tional Disaster Medical System, the Medical Re-  
5 serve Corps, the Substance Abuse and Mental  
6 Health Services Administration, the Depart-  
7 ment of Defense, the Department of Veterans  
8 Affairs, and tribal nations);

9 “(B) State agencies (such as the State  
10 mental health authority, office of substance  
11 abuse services, public health authority, depart-  
12 ment of aging, and the office of mental retarda-  
13 tion and developmental disabilities);

14 “(C) local agencies (such as county offices  
15 of mental health and substance abuse services,  
16 public health, child and family services, law en-  
17 forcement, fire, emergency medical services,  
18 school districts, and county emergency manage-  
19 ment); and

20 “(D) other governmental and nongovern-  
21 mental disaster relief organizations.

22 “(c) PANEL OF EXPERTS.—

23 “(1) IN GENERAL.—The Director, in consulta-  
24 tion with State and local mental health and public

1 health authorities, shall develop a mechanism to ap-  
2 point a panel of experts for the NCPMHEP.

3 “(2) MEMBERSHIP.—

4 “(A) IN GENERAL.—The panel of experts  
5 appointed under paragraph (1) shall be—

6 “(i) composed of individuals who are  
7 experts in their respective fields with ex-  
8 tensive experience in public mental health  
9 emergency preparedness or service delivery,  
10 such as mental health professionals, re-  
11 searchers, spiritual care professionals,  
12 school counselors, and educators; and

13 “(ii) recommended by their respective  
14 national professional organizational or uni-  
15 versity to such a position.

16 “(B) TERMS.—The members of the panel  
17 of experts appointed under paragraph (1)—

18 “(i) shall be appointed for a term of  
19 3 years; and

20 “(ii) may be reappointed for an unlim-  
21 ited number of terms.

22 “(C) BALANCE OF COMPOSITION.—The Di-  
23 rector shall ensure that the membership com-  
24 position of the panel of experts fairly represents

1 a balance of the type and number of experts de-  
 2 scribed under subparagraph (A).

3 “(D) VACANCIES.—

4 “(i) IN GENERAL.—A vacancy on the  
 5 panel of experts shall be filled in the man-  
 6 ner in which the original appointment was  
 7 made and shall be subject to conditions  
 8 which applied with respect to the original  
 9 appointment.

10 “(ii) FILLING UNEXPIRED TERM.—An  
 11 individual chosen to fill a vacancy shall be  
 12 appointed for the unexpired term of the  
 13 member replaced.

14 “(iii) EXPIRATION OF TERMS.—The  
 15 term of any member shall not expire before  
 16 the date on which the member’s successor  
 17 takes office.

18 **“SEC. 2822. TRAINING CURRICULA FOR EMERGENCY**  
 19 **HEALTH PROFESSIONALS.**

20 “(a) IN GENERAL.—The Director shall convene a  
 21 Training Curricula Working Group from the panel of ex-  
 22 perts described in section 2821(c) to—

23 “(1) identify and review existing training cur-  
 24 ricula for emergency health professionals;

1           “(2) approve any such training curricula that  
 2           satisfy practice and service delivery standards deter-  
 3           mined by the Training Curricula Working Group  
 4           and that are evidence-based; and

5           “(3) make recommendations for, and partici-  
 6           pate in, the development of any additional training  
 7           curricula, as determined necessary by the Training  
 8           Curricula Working Group.

9           “(b) PURPOSE OF TRAINING CURRICULA.—The  
 10          Training Curricula Working Group shall ensure that the  
 11          training curricula approved by the NCPMHEP—

12           “(1) provide the knowledge and skills necessary  
 13           to respond effectively to the psychological needs of  
 14           affected individuals, relief personnel, and commu-  
 15           nities in the event of bioterrorism or other public  
 16           health emergency; and

17           “(2) is used to build a trained network of emer-  
 18           gency health professionals at the State and local lev-  
 19           els.

20          “(c) CONTENT OF TRAINING CURRICULA.—

21           “(1) IN GENERAL.—The Training Curricula  
 22          Working Group shall ensure that the training cur-  
 23          ricula approved by the NCPMHEP—

24           “(A) prepare emergency health profes-  
 25           sionals, in the event of bioterrorism or other



1 public health emergency, for identifying symp-  
 2 toms of mental health distress, supplying imme-  
 3 diate relief to keep affected persons safe, recog-  
 4 nizing when to refer affected persons for fur-  
 5 ther mental healthcare, understanding how and  
 6 where to refer for such care, and other compo-  
 7 nents as determined by the Director in con-  
 8 sultation with the Training Curricula Working  
 9 Group;

10 “(B) include training or informational ma-  
 11 terial designed to educate and prepare State  
 12 and local government officials, in the event of  
 13 bioterrorism or other public health emergency,  
 14 in coordinating and deploying mental health re-  
 15 sources and services and in addressing other  
 16 mental health needs, as determined by the Di-  
 17 rector in consultation with the Training Cur-  
 18 ricula Working Group; and

19 “(C) meet the diverse training needs of the  
 20 range of emergency health professionals.

21 “(2) REVIEW OF CURRICULA.—The Training  
 22 Curricula Working Group shall routinely review ex-  
 23 isting training curricula and participate in the revi-  
 24 sion of the training curricula described under this  
 25 section as necessary, taking into consideration rec-

ommendations made by the participants of the annual national forum under section 2825 and the Assessment Working Group described under section 2826.

“(d) TRAINING INDIVIDUALS.—

“(1) FIELD TRAINERS.—The Director, in consultation with the Training Curricula Working Group, shall develop a mechanism through which qualified individuals trained through the curricula approved by the NCPMHEP return to their communities to recruit and train others in their respective fields to serve on local emergency response teams.

“(2) FIELD LEADERS.—The Director, in consultation with the Training Curricula Working Group, shall develop a mechanism through which qualified individuals trained in curricula approved by the NCPMHEP return to their communities to provide expertise to State and local government agencies to mobilize the mental health infrastructure of such State or local agencies, including ensuring that mental health is a component of emergency preparedness and service delivery of such agencies.

“(3) QUALIFICATIONS.—The individuals selected under paragraph (1) or (2) shall—

1           “(A) pass a designated evaluation, as de-  
 2           veloped by the Director in consultation with the  
 3           Training Curricula Working Group; and

4           “(B) meet other qualifications as deter-  
 5           mined by the Director in consultation with the  
 6           Training Curricula Working Group.

7   **“SEC. 2823. USE OF REGISTRIES TO TRACK TRAINED EMER-**  
 8           **GENCY HEALTH PROFESSIONALS.**

9           “(a) IN GENERAL.—The Director, in consultation  
 10 with the mental and public health authorities of each  
 11 State, shall coordinate the use of existing emergency reg-  
 12 istries established to track medical and mental health vol-  
 13 unteers across all fields and specifically to track the indi-  
 14 viduals in the State who have been trained using the cur-  
 15 ricula approved by the NCPMHEP under section 2822.  
 16 The Director shall ensure that the data available through  
 17 such registries and used to track such trained individuals  
 18 will be recoverable and available in the event that such  
 19 registries become inoperable.

20           “(b) USE OF REGISTRY.—The tracking procedure  
 21 under subsection (a) shall be used by the Secretary, the  
 22 Secretary of Homeland Security, and the Governor of each  
 23 State, for the recruitment and deployment of trained  
 24 emergency health professionals in the event of bioter-  
 25 rorism or other public health emergency.

1 **“SEC. 2824. CLEARINGHOUSE FOR PUBLIC MENTAL HEALTH**  
2 **EMERGENCY PREPAREDNESS AND SERVICE**  
3 **DELIVERY.**

4 “(a) IN GENERAL.—The Director shall establish and  
5 maintain a central clearinghouse of educational materials,  
6 guidelines, information, strategies, resources, and research  
7 on public mental health emergency preparedness and serv-  
8 ice delivery.

9 “(b) DUTIES.—The Director shall ensure that the  
10 clearinghouse—

11 “(1) enables emergency health professionals and  
12 other members of the public to increase their aware-  
13 ness and knowledge of public mental health emer-  
14 gency preparedness and service delivery; and

15 “(2) provides such users with access to a range  
16 of public mental health emergency resources and  
17 strategies to address their community’s unique cir-  
18 cumstances and to improve their skills and capac-  
19 ities for addressing mental health problems in the  
20 event of bioterrorism or other public health emer-  
21 gency.

22 “(c) AVAILABILITY.—The Director shall ensure that  
23 the clearinghouse—

24 “(1) is available on the Internet;

25 “(2) includes an interactive forum through  
26 which users’ questions are addressed;

1           “(3) provides links to additional Government-  
2           sponsored or other relevant websites that supply in-  
3           formation on public mental health emergency pre-  
4           paredness and service delivery; and

5           “(4) includes the training curricula approved by  
6           the NCPMHEP under section 2822.

7           “(d) CLEARINGHOUSE WORKING GROUP.—

8           “(1) IN GENERAL.—The Director shall convene  
9           a Clearinghouse Working Group from the panel of  
10          experts described under section 2821(c) to—

11           “(A) evaluate the educational materials,  
12           guidelines, information, strategies, resources  
13           and research maintained in the clearinghouse to  
14           ensure empirical validity; and

15           “(B) offer technical assistance to users of  
16           the clearinghouse with respect to finding and  
17           selecting the information and resources avail-  
18           able through the clearinghouse that would most  
19           effectively serve their community’s needs in pre-  
20           paring for, and delivering mental health services  
21           during, bioterrorism or other public health  
22           emergencies.

23           “(2) TECHNICAL ASSISTANCE.—The technical  
24           assistance described under paragraph (1) shall in-  
25           clude the use of information from the clearinghouse

1 to provide consultation, direction, and guidance to  
2 State and local governments and public and private  
3 agencies on the development of public mental health  
4 emergency plans for activities involving prepared-  
5 ness, mitigation, response, recovery, and evaluation.

6 **“SEC. 2825. ANNUAL NATIONAL FORUM FOR PUBLIC MEN-**  
7 **TAL HEALTH EMERGENCY PREPAREDNESS**  
8 **AND SERVICE DELIVERY.**

9 “(a) IN GENERAL.—The Director shall organize an  
10 annual national forum to address public mental health  
11 emergency preparedness and service delivery for emer-  
12 gency health professionals, researchers, scientists, and ex-  
13 perts in public mental health emergency preparedness and  
14 service delivery, as well as personnel from relevant Fed-  
15 eral, State, and local agencies and other governmental and  
16 nongovernmental organizations.

17 “(b) PURPOSE OF FORUM.—The national forum shall  
18 provide the framework for bringing such individuals to-  
19 gether to, based on evidence-based research and practice,  
20 identify and address gaps in science, practice, policy, and  
21 education, make recommendations for the revision of  
22 training curricula and for the enhancement of mental  
23 health interventions, as appropriate, and make other rec-  
24 ommendations as necessary.

1 **“SEC. 2826. EVALUATION OF THE EFFECTIVENESS OF PUB-**  
 2 **LIC MENTAL HEALTH EMERGENCY PRE-**  
 3 **PAREDNESS AND SERVICE DELIVERY EF-**  
 4 **FORTS.**

5 “(a) IN GENERAL.—The Director shall convene an  
 6 Assessment Working Group from the panel of experts de-  
 7 scribed in section 2821(c) to evaluate the effectiveness of  
 8 the NCPMHEP’s efforts and those across the Federal  
 9 Government in building the Nation’s public mental health  
 10 emergency preparedness and service delivery capacity.

11 “(b) DUTIES OF THE ASSESSMENT WORKING  
 12 GROUP.—The Assessment Working Group shall—

13 “(1) evaluate—

14 “(A) the effectiveness of each component  
 15 of the NCPMHEP, including the identification  
 16 and development of training curricula, the  
 17 clearinghouse, and the annual national forum;

18 “(B) the effects of the training curricula  
 19 on the skills, knowledge, and attitudes of emer-  
 20 gency health professionals and on their delivery  
 21 of mental health services in the event of bioter-  
 22 rorism or other public health emergency;

23 “(C) the effects of the NCPMHEP on the  
 24 capacities of State and local government agen-  
 25 cies to coordinate, mobilize, and deploy re-  
 26 sources and to deliver mental health services in

1 the event of bioterrorism or other public health  
2 emergency; and

3 “(D) other issues as determined by the  
4 Secretary, in consultation with the Assessment  
5 Working Group; and

6 “(2) submit the annual report required under  
7 subsection (c).

8 “(c) ANNUAL REPORT.—On an annual basis, the As-  
9 sessment Working Group shall—

10 “(1) report to the Secretary and appropriate  
11 committees of Congress the results of the evaluation  
12 by the Assessment Working Group under this sec-  
13 tion; and

14 “(2) publish and disseminate the results of such  
15 evaluation on as wide a basis as is practicable, in-  
16 cluding through the NCPMHEP clearinghouse  
17 website under section 2824.

18 “(d) RECOMMENDATIONS.—

19 “(1) IN GENERAL.—Based on the annual re-  
20 port, the Director, in consultation with the Assess-  
21 ment Working Group, shall make recommendations  
22 to the Secretary—

23 “(A) for improving—

24 “(i) the training curricula identified  
25 and approved by the NCPMHEP;



1 “(ii) the NCPMHEP clearinghouse;

2 and

3 “(iii) the annual forum of the

4 NCPMHEP; and

5 “(B) regarding any other matter related to

6 improving mental health preparedness and serv-

7 ice delivery in the event of bioterrorism or other

8 public health emergency in the United States

9 through the NCPMHEP.

10 “(2) ACTION BY SECRETARY.—Based on the

11 recommendations provided under paragraph (1), the

12 Secretary shall submit recommendations to Congress

13 for any legislative changes necessary to implement

14 such recommendations.

15 **“SEC. 2827. AUTHORIZATION OF APPROPRIATIONS.**

16 “There are authorized to be appropriated to carry out

17 this subtitle—

18 “(1) \$15,000,000 for fiscal year 2007; and

19 “(2) such sums as may be necessary for fiscal

20 years 2008 through 2011.”.

